Endoscopic Reduction of Ileal J Pouch Volvulus With Laparoscopic Pexy
Gifty Abraham, MD; Paul Rider, MD. 1. University of South Alabama Health Systems, Mobile, AL; 2. University of South Alabama Health Systems, Mobile, AL.

Introduction: Surgical management of chronic ulcerative colitis includes restorative proctocolectomy with ileal pouch anal anastomosis. The reconstruction is a technically demanding operation and most complications that occur include small bowel obstructions, pouch leak, anatomic strictures, and pelvic abscesses. Restorative proctocolectomy poses unique anatomic consideration especially in the case of postoperative bowel obstruction.

Methods: A 70 year old male with past medical history of ulcerative colitis underwent proctocolectomy with ileal pouch anal anastomosis in 2010. His post-operative course was complicated by recurrent partial small bowel obstructions. Non-operative management as well as operative lysis of adhesions proved unsuccessful in definitively treating the obstructive manifestation. Imaging studies included a CT scan and a contrasted enema, which were suggestive of a potential volvulus of the small bowel pouch within the pelvis. In order to determine this, the patient was taken to the operating room for laparoscopy with intra-operative bowel obstruction.

Endoscopic reduction along with laparoscopic pexy is the best management in early diagnosis of ileal pouch anal anastomosis volvulus. Initial consideration, along with diagnostic imaging can salvage the J pouch.

Complete Esophageal Stenting With Stent Anchoring: A Case Report and Video
Shivangi Kothari, MD, Truptesh Kothari, MD, MS, Vivek Kaul, MD, FACG. University of Rochester Medical Center, Rochester, NY.

Introduction: Esophageal stenting allows for improving nutritional status and quality of life, especially in end stage esophageal cancer. However, it can be technically challenging and has risk of migration and occlusion, as in our patient. The new through the scope stents can reduce technical difficulty and need for fluoroscopy. The new suturing device can help anchor stents to prevent migration.

Successful palliation of dysphagia was achieved in our patient without any procedure related complication or patient discomfort. The proximal stent flange was anchored successfully using the suturing device.

Conclusion: To our knowledge, this is the first reported case of near total esophageal metal stenting with endoscopic suture anchoring of the proximal stent to successfully palliate malignant dysphagia in a patient with advanced esophageal cancer.

Am J Gastroenterol 2015; 110:S693–S739; doi:10.1038/ajg.2015.274

ESOPHAGUS

Epidemiology of Eosinophilic Esophagitis in the United States: A Population Based Study
Emad Mansour, MD; Gregory Cooper, MD*. 1. Department of Internal Medicine, University Hospitals Case Medical Center, Cleveland, OH; 2. Division of Gastroenterology and Liver Disease, University Hospitals Case Medical Center, Cleveland, OH.

Introduction: Eosinophilic esophagitis (EoE) is a chronic inflammatory disorder in adults and children and recent literature has shown increased prevalence rates. However, data has mostly been acquired from small studies. We sought to describe the epidemiology of EoE in the US, and identify associated disorders by using a large database.

Methods: We queried a commercial database (Explorys Inc, Cleveland, OH), an aggregate of EHR data from 23 major integrated healthcare systems in the US from 1999 to present. We identified an aggregate patient cohort of eligible patients with EoE, based on SNOMED-CT codes. We calculated the prevalence of EoE among different patient groups and identified association of EoE with other disorders in adults and children.

Results: Of the 45,529,610 individuals in the database, we identified 12,770 patients with EoE with an overall prevalence of 28/100,000 persons. The prevalence was higher in males (RR=2.06; 95% CI=1.99-2.14), Caucasians (RR 5.08; 95% CI 4.83-5.33) and adults aged between 18 and 65 (RR 1.74; 95% CI 1.61-1.81), all with p < 0.0001. Compared to controls (individuals in database without EoE), individuals with EoE, were more likely to have GERD (51.2% vs 7.1%), dysphagia (47.5% vs 1.5%), and gastropericardial fistula.

[1621A] Figure 1.

[1621B] Figure 2.